

To Amend Previous SS-4

Form **SS-4**

(Rev. January 2010)

Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0048

EIN

20-1812764

Type or print clearly.	1	Legal name of entity (or individual) for whom the EIN is being requested		The office of the Sovereign presiding overseer of Hope Alliance and successors, a corporate sale	
	2	Trade name of business (if different from name on line 1)		3	Executor, administrator, trustee, "care of" name
	This is not a business. This is a Ministry		This has no Trustee		
	4a	Mailing address (room, apt., suite no. and street, or P.O. box)		5a	Street address (if different) (Do not enter a P.O. box.)
	c/o 306 Main Street				
4b	City, state, and ZIP code (if foreign, see instructions)		5b	City, state, and ZIP code (if foreign, see instructions)	
Canon City 81212-7 Colorado					
6	County and state where principal business is located				
This is not a business. This is a Ministry Located at Colorado, Kingdom of Heaven					
7a	Name of responsible party		7b	SSN, ITIN, or EIN	
office of the Sovereign Presiding Overseer		NONE			
8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)?		8b If 8a is "Yes," enter the number of LLC members		
This is not a business		This is a ministry			
8c	If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9a	Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.				
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ This is not an Entity. This is a					
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises					
Group Exemption Number (GEN) if any ▶					
9b	If a corporation, name the state or foreign country (if applicable) where incorporated		State Corporate Sole Ministry		
This is a Washington Corporate Sole of The Kingdom of Heaven		Foreign country			
10	Reason for applying (check only one box)				
<input type="checkbox"/> Started new business (specify type) ▶ This is not a business. This is a Ministry					
<input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ This is Not A business. This is a Ministry					
<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ Open Non-Interest Account					
<input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶					
11	Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year		
this is not a business. This is a Ministry		NONE			
13	Highest number of employees expected in the next 12 months (enter -0- if none).				
If no employees expected, skip line 14.					
Agricultural Household Other					
NO Employees					
15	First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)				
We do Not Pay Wages or Annuity					
16	Check one box that best describes the principal activity of your business.				
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) This is Not a business. This is a Ministry					
17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.				
This is Not a business. No Sale of Product or Service					
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," write previous EIN here ▶ (Applicant) This is NOT an Employer					

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Popular Assembly of Hope Alliance	( )
Designee's address	Designee's fax number (include area code)	
and his successors, a corporate sale	( )	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	
Name and title (type or print clearly) ▶ See above	Applicant's telephone number (include area code)
	( )
Signature ▶ [L.S.] SLS, overseer	Applicant's fax number (include area code)
sixteenth day of the month of	( )
in the year of our Lord and Twentieth	( )
Fifteen	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 1-2010)